

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Title::

SYSTEMS AND METHODS FOR VERIFYING
MEDICAL INSURANCE COVERAGE

Attorney Docket Number::

020375-032410US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

3

Small Entity?::

No

Petition included?::

No

Secrecy Order in Parent Appl.::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Charles

Family Name::

Whitaker

City of Residence::

Omaha

State or Province of Residence::

NE

Country of Residence::

US

Street of Mailing Address::

5104 N. 139th Street

City of Mailing Address::

Omaha

State or Province of mailing address::

NE

Country of mailing address:: US
Postal or Zip Code of mailing address:: 68164

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bradley
Family Name:: Winking
City of Residence:: Omaha
State or Province of Residence:: NE
Country of Residence:: US
Street of Mailing Address:: 13973 Ames Avenue
City of Mailing Address:: Omaha
State or Province of mailing address:: NE
Country of mailing address:: US
Postal or Zip Code of mailing address:: 68164

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Scott
Family Name:: Dunn
City of Residence:: Omaha
State or Province of Residence:: NE
Country of Residence:: US
Street of Mailing Address:: 6521 S. 178th Street
City of Mailing Address:: Omaha
State or Province of mailing address:: NE
Country of mailing address:: US
Postal or Zip Code of mailing address:: 68135

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jim
Family Name:: Jackson
City of Residence:: Tamarac
State or Province of Residence:: FL
Country of Residence:: US
Street of Mailing Address:: 9420 Northwest 82nd
City of Mailing Address:: Tamarac
State or Province of mailing address:: FL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33321

Correspondence Information

Correspondence Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/417,205	10/08/02

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name:: First Data Corporation
Street of mailing address:: 12500 East Belford Avenue
City of mailing address:: Englewood
State or Province of mailing address:: CO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 80112